



Authorization of Excused Absence During an Unfunded Relocation

1. Name and Location of Gaining Office:		2. Authorization No.:	
3. Employee Name:		4. Old Residence Address (Number and Street, City, State, and Zip Code):	
5. Social Security No.: ____-____-____		6. Origin: _____ Destination: _____	
7. Reporting Date:		8. Travel to Begin on or About:	

9. Maximum Number of Hours of Excused Absence Authorized:	
<p>The employee is not authorized payment for any relocation expenses, because in accordance with FAA Travel Policy, this transfer is not in the interest of the Government.</p> <p>FAA policy authorizes the granting of excused absence to employees who transfer, including employees whose transfer is not in the interest of the Government. In accordance with these provisions, FAA is granting you (the employee) excused absence up to the amount provided in section 9 to handle matters related to your relocation (e.g., selling your residence at the old official station, purchasing a residence at the new official station, registering children in school, registering automobiles, or performing a trip to seek residence quarters at your own expense.) The excused absence may not be used for reasons other than to handle matters related to your relocation, and any unused time will be taken back.</p> <p>In general, FAA is not responsible for any injuries or claims that occur while performing personal activities related to an unfunded relocation. Even though FAA is granting you an excused absence, FAA does not assume responsibility for any injuries or claims that arise during the period of excused absence.</p>	

I (the employee) have read the above form and agree to the terms and conditions contained in this form. I acknowledge that the transfer is not in the interest of the Government, and that I have no right to payment of relocation expenses.	Name and Title of Approving Official:
Signature of Employee:	Signature of Approving Official:
Date:	Date:

Privacy Act Notice: Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to grant the request for an excused absence when an employee performs an unfunded relocation. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or to the General Services Administration in connection with its responsibilities for records management.

Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.

If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.